

Specific Learning Disabilities: Issues that Remain Unanswered

INTRODUCTION

Specific learning disabilities (SLDs) are defined as “heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.”^[1]

DISTINCTION BETWEEN TERMINOLOGIES – DISORDER, DISABILITY, DIFFICULTY, AND SLOW LEARNER

The terms learning disorders, learning disability (LD), and learning difficulty are often used interchangeably but differ in many ways. Disorder refers to significant problems faced by children in academic areas, but this is not sufficient to warrant an official diagnosis. The word “disorder” is a medical term as mentioned in the Diagnostic and Statistical Manual of Mental Disorders,^[2] and International Statistical Classification of Diseases and Related Health Problems,^[3] both of which are considered authoritative guides for mental health professionals.

The word “disability” in SLDs is a legal term that is mentioned in the Right of Persons with Disabilities Act (RPWD Act, 2016),^[4] notification issued by the Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) and Individuals with Disabilities Education Act (United States federal law).^[5] These federal laws protect the rights of students with disabilities. To receive special disability certificates and services under these acts, a student must be a “child with a disability.”^[6] SLD is an official clinical diagnosis where the individual meets certain criteria as assessed by a professional (psychologist, pediatrician, etc.).

Children with “learning difficulties” underachieve academically for a wide range of reasons, including factors such as behavioral, psychological, and emotional

issues; English being their second language and not their mother tongue; ineffective instruction; high absenteeism; or inadequate curricula. These children have the potential to achieve age-appropriate levels once they are provided support and evidence-based instruction.^[7]

Students with below average cognitive abilities whom we cannot term as disabled are called “slow learners.” The slow learning child is not considered mentally retarded because he is capable of achieving a moderate degree of academic success even though at a slower rate than the average child.^[8]

TYPES OF LEARNING DISABILITIES

Reading disability (also known as dyslexia) is the most common LD, accounting for at least 80% of all LDs.^[9] Reading should be taught; it is not an innate entity. Reading requires the ability to understand the relationship between letters and the associated sound, which is known as phonetics. *Dyslexia* reflects a specific problem in processing individual speech sounds (e.g., the ssss sound, the mmm sound) in words (phonemes). There can also be problems with holding sounds in sequence in short-term memory (e.g., holding the sequence of sounds in a new word in mind long enough to recognize it). Children with a reading disability may also have difficulties with reading fluency, resulting in reading skills that are accurate but effortful and slow.^[9]

Dyscalculia is generally characterized by difficulty in learning or understanding mathematical operations. A student with arithmetic disorder might have difficulty organizing problems on the page; following through on multiple step calculations such as long division; transposing numbers accurately on paper or on to a calculator, such as turning 89 into 98; distinguishing right from left; and using mathematical calculation signs. They may also be confused about basic operations and facts.^[9]

Dysgraphia is generally characterized by distorted writing despite thorough instruction. A student with dysgraphia exhibits inconsistent and illegible

writing, mixing upper and lowercase letters, and writing on a line and inside margins. He or she might have fine motor difficulties such as trouble holding the pencil correctly, inability to use scissors well, or coloring inside the lines.^[9] Overall writing does not communicate at the same level as his or her other language skills.^[9]

LDs are associated with psychological comorbidities.^[10,11] Approximately 30% of children have behavioral and emotional problems.^[12] Children with SLD are at an increased risk of hyperactivity. There is a strong relationship between inattentiveness and reading disabilities. The comorbidity of attention deficit hyperactivity disorder (ADHD) in children with LD varies from about 10% to as high as 60% depending on the sample taken.^[13,14] Co-occurrence of major depressive disorder (MDD) and LDs was studied in 100 children age 9–12 years. It was seen that 62% of children with MDD had LD, whereas only 22% of children without depression had LD.^[15] The comorbidity of LD with both internalizing and externalizing disorders implicates the need for cognitive and behavioral approaches in the remediation programs offered to dyslexic children. Diagnosis at an early age results in boosting self-confidence and social competency.^[16]

LDs do not become evident till the child starts going to school. Many children do not exhibit any signs until they engage in tasks which require certain kind of cognitive processing which becomes apparent then.

A lot of research and efforts are being done in the field of LDs in the western world. However, in India, the experience and research are limited. The government and educational authorities are also progressing toward the betterment of education system. There are many gray areas in this field which need more efforts, clarity, understanding, and discussion.

TEACHERS' ATTITUDE, TEACHING METHODS, AND PRACTICES

Despite the fact that millions of people around the world suffer silently from SLD, there remains widespread confusion and misinformation with regard to identification of and interventions for SLDs. Due to this, children do not enjoy their school life and resist going to school. Some efforts have been made, like the one by National Council of Educational Research and Training in 2015, when a handbook on the inclusion of children with special needs was prepared. It was a very sincere effort in which a series of workshops were held in different parts of the country, involving regular school teachers, teacher educators, special educators,

and experts from universities and nongovernmental and governmental organizations.^[17] The handbook emphasized access and participation of children in the learning process, more than just placing them in schools. The question arises how far these efforts are being implemented successfully.

A study conducted in Haridwar, India (2015),^[18] showed that 67% of teachers had no knowledge of LDs. Overall, teacher educators who participated in that study had a low level of knowledge about SLDs, irrespective of their gender or teaching experience. Another study conducted in Chandigarh on the perception of teachers about LDs showed some positive results. Approximately 67.5% teachers perceived that they do encounter children with LD in the school, 43.8% supported special schools for such children, and 36.3% were in favor of integrated education. About one-fifth of the teachers were ready to undergo special skill training for teaching students with learning disorders.^[19] The level of awareness among teachers was explored in Puducherry (UT).^[20] The study found that the teachers in the inclusive classroom require skill training to impart education to students with SLD. The data showed that in an inclusive education setup, the information regarding SLD is average. The authors recommended the Government of India to implement intensive and methodical training to fulfill the educational needs.^[20] This is certainly important because when we talk about inclusive education, we must have means to support the idea to the fullest. Teachers should be sensitized and trained to screen for this problem at the primary school level itself so that remediation can be started at an early stage.

There is a huge difference in private and government school setups. In private schools, there is a counselor and special educator with a specialization in intervention for SLDs, but this facility is lacking in government schools. The students of private schools usually belong to middle and high socioeconomic status, paying hefty fees for education. These schools are better equipped to provide all the necessary services to the students. On the contrary, in government schools, the majority of the students are from lower socioeconomic status, with parents who are completely unaware of the concept of SLD. They are not able to avail these services and remain underprivileged. This is very disheartening because the teachers are also not keen to put in extra efforts to help these students. Many policies and rules are made only on paper, but implementation is missing.

In today's society, there are schools which are result-oriented and focus on producing "toppers." They are not interested in keeping the so-called "slow child" in their classrooms. This attitude hinders the

child's learning progress and results in worsening of prognosis of the problem. SLDs result in unexpected academic underachievement. Teaching authorities are demanding and lack patience for slow learners. The teacher certification programs in India are short of sufficient courses in special education to prepare general teachers for inclusive classrooms. Owing to the lack of proper training in the area and lack of familiarity with reading process and areas of reading skills which require assessment, creativity and "trial and error" are what guide the course of remediation.^[21]

Teaching methods and styles adopted by the teachers differ from school to school and also have regional differences.^[15] Some schools focus on phonetics and teach accordingly; some adopt the traditional rote learning pattern in which the child crams the alphabets without understanding their formation and sound. Rote learning methods focus on grades and good marks, ignoring the overall development of the child. Multisensory teaching aids, visual and auditory cues, computer software providing text-to-text and speech-to-text capabilities, and so on are restricted to only a few schools which can afford to provide such quality teaching practices.^[22] It is very difficult to achieve this technological sophistication in all the classrooms in a developing country like India which suffers from wide economic disparity and fluctuating literacy rate. Resultantly, again the question arises whether the learning disorder is confounded by faulty teaching practices or due to the natural course of the problem. Sight word teaching, phonemic awareness difficulties, or specialized vision problems can also cause reading difficulty and are often mistaken for true organic dyslexia. Teaching methods such as sight words result in reading difficulty that mimic dyslexia. This method inhibits the development of left-right reading and eye jumps all around the word. According to the American Child Development Institute, "Children who have an average or above average IQ and are reading one and a half grades or more below grade level may be dyslexic." "True dyslexia affects about 3%–6% of the population. Yet in some parts of the country, up to 50% of the students are not reading at grade level. The reason for most children not being able to read at grade level could be ineffective reading instruction. The child with dyslexia is often a victim of having SLD and is being exposed to ineffective instruction as well."^[23] In France, it was proved that schools that taught with whole word method produced more students with dyslexia than schools teaching with phonics. The brains of dyslexic students can be retrained with phonics.^[24] In India, teachers are not trained enough to understand this and help the students in need. Traditional teaching methods such as spelling games and cursive writing exercises during vacations have almost disappeared.

The expectations of parents and early induction of children into school have resulted in more damage than gains.

SHORTAGE OF SPECIAL EDUCATORS

Central Board of Secondary Education (CBSE) had made it mandatory for all the affiliated schools to appoint a special educator so that children with LDs could be assimilated with other students. It was ultimately seen that it was a big challenge for the schools to find qualified professionals in this area. According to school authorities, special educators are experienced in teaching physically challenged students; they lack theoretical and practical skills required for teaching learning disabled students. The teaching methods have to be tailor-made for these students since they have behavioral problems as well.^[25]

In 2016, Special Educators' Forum of India had submitted a charter of demands to various education departments of every state. This was done because the government had not created a post of special educators or made it mandatory for the schools to appoint them.^[26] In a recent report, it came to light that in Delhi, out of 927 posts of special educators, 432 are still vacant. This fault came into light when a mother of two sons with disability studying in a government school filed a complaint that her sons have not learned anything, instead they have become a source of entertainment for the students. Students and teachers bully them and authorities turn a deaf ear to them.^[27] Special educators equipped with individualized educational program are the need of the hour to tackle the situation.

PROBLEMS WITH LANGUAGES

In the Oriental world, the LDs were considered a problem of English-speaking countries.^[22] Due to lack of awareness and reportedly lower incidence rates in Asian countries like India and China, not many efforts were made in this field. Researchers in the Western world attributed this problem to the overcrowded classrooms and backward teaching strategies.^[28] On the other hand, eastern researchers attribute it to the phonetic complexity of English language which resulted in problems in language adaptability.

Spelling-sound correspondence is direct in Hindi language, which means that we write what we speak. But in case of English, there are certain notorious traits of the language which makes it complex and it becomes necessary to remember the arbitrary spellings and words. For example, there are a lot of words in English language with silent letters which makes the language much more difficult, because here the person needs

to remember formations such as psychology, pseudo, pneumonia, and walk. Those children having difficulty in process of learning find it difficult to comprehend. People reading and writing Hindi and other regional languages also do suffer from learning difficulties. It is seen equally in other languages as well. The child is unable to learn orthography, syntax, and phonetics of language because of which it becomes imperative for the teachers to adopt such teaching practices and for the school authorities to facilitate the learning process of these children.

LACK OF STANDARDIZED ASSESSMENT TOOLS

India is a multilingual country, so it is important to assess the problem of SLD in a child's mother tongue. There are numerous batteries used for the assessment of LDs, with their own merits and demerits. Some of the batteries are widely used for assessment, but there is a lack of well-established norms for all subtests, and these norms are based on a very small sample which makes generalization difficult like the AIIMS SLD: Comprehensive Diagnostic Battery and NIMHANS Index for Specific Learning Disabilities. Many batteries are prepared in regional languages (e.g., Marathi, Gujarati and Kannada) which lack nationwide applicability. Some batteries can only be administered on students of English medium schools like NIMHANS Index for Specific Learning Disabilities, whereas in India about 100.4 million students study in Hindi medium schools.^[29] The content used in the batteries is not standardized. Existing batteries have not included all the age groups for assessment, which makes assessment difficult, especially when the student is to be assessed in tenth or twelfth board classes for the issuance of a certificate for availing benefits.

COMPLEXITY OF GRADATION IN LEARNING DIFFICULTY AND DISABILITY

According to standard assessment procedure for learning disorders, one class is taken as one standard deviation. So if a child is performing two classes below his actual standard/class, then he or she is diagnosed as LD, and if the performance is one class below, then it is diagnosed as learning difficulty not amounting to disability. Now, various education boards, including CBSE^[30] The Indian Certificate of Secondary Education ICSE, Kerala Board, and Maharashtra Board, provide various concessions for students with LD; but there are no facilities for students with learning difficulty. The awareness among policy makers regarding this point of differentiation is limited. There is no provision for students with difficulties. Lack

of support from school authorities and parents worsen the situation. Students are not able to avail relaxations and suffer silently. Pediatricians and psychiatrists rely on clinical psychologists to distinguish students with learning difficulty and disability. This confusion creates problems for the process of certification and intervention. The problems of students with learning difficulty not amounting to disability needs to be dealt with specialized techniques of intervention at early stages by a special educator and a parent together.

PROVISIONS FOR SPECIFIC LEARNING-DISABLED STUDENTS

After a series of consultation meetings and drafting process, the Rights of People with Disabilities Act, 2016 was passed by both the houses of the Parliament. It was notified on December 28, 2016 after receiving presidential assent. The list was expanded and it included SLDs in it. A bill was introduced in Rajya Sabha on March 24, 2017, entitled "The Children with Specific Learning Disabilities (Identification and Support in Education)." It highlighted the need for special facilities in educational institutions, setting up detection and remediation centers, guidelines for certification of children with SLDs, and so on.^[31] On January 15, 2018, the Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) issued a notification regarding the procedure to be followed while certifying people with disabilities. The Gazette laid emphasis on screening, diagnosis, and certification of SLD. Figure 1 gives the summary of standard operating procedure of certification for SLDs.^[1]

This effort by the Government of India deserves appreciation as it has highlighted the importance of certification and has tried to standardize it. Despite this step, there are certain issues which are a matter of concern. Psychiatrists have been excluded from the procedure of certification. Students with academic difficulties or scholastic decline are usually referred to Child and Adolescent Psychiatry clinics from the school. A team of psychologists and psychiatrists carry out the complete assessment of the students referred from schools. It is highly recommended that psychiatrists should also be included into the procedure along with pediatricians and psychologists because they have specialized training in mental health and developmental disorders of children and adolescents. Second, the Gazette mentions which tests shall be used for the assessment of IQ for uniformity, but in case of SLD assessment, it should be left to the discretion and experience of the psychologists. Instruments that are to be used should be latest and should have norms that can

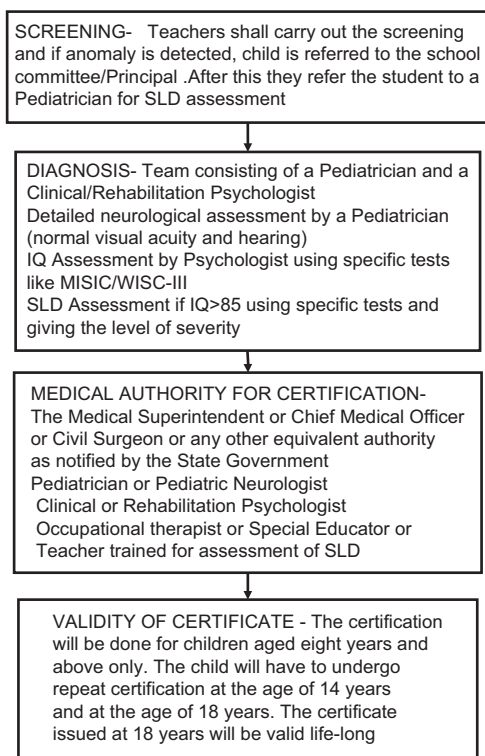


Figure 1: The screening, diagnosis, and certification procedure for Specific learning disabilities

be generalized to the population concerned. The same tests cannot be used in the entire country because of a wide range of sociodemographic and regional differences which can influence test results.

Initiative steps have been taken by CBSE to provide a concession for LD students. These concessions are in the form of a scribe and complementary time, exemption from a third language, flexibility in choosing subjects, permission to use calculators in mathematics, and provision to read out question paper to a student with dyslexia. These students are also exempted from spelling errors and from writing answers in detail, and so on. According to the recent circular issued by CBSE, no school can deny admission to students with disabilities in mainstream education. It has also recommended regular in-service training of teachers in inclusive education at elementary and secondary level, as per CBSE guidelines.^[30] Many other boards and state boards are also offering concessions, but there is no uniformity in rules for demanding certificates. Some boards demand only a certificate of SLD and some require a detailed report along with the certificate; some need renewal while some accept one-time certification.^[32]

There are pros and cons of these provisions. Some parents have a mindset of demanding certificates even when their children do not have a, LD. They do not focus on remedial intervention. This leads to

misuse of these provisions and certification. This is a sensitive issue which needs to be handled carefully. There are others who are not aware of these concessions, and the child keeps struggling with disability.

STIGMA AND LABELING

In India, acceptance of children suffering from LDs in schools largely depends on the capability of the schools to provide necessary services to the children and the attitude of the teachers to put some sincere efforts to help these children. Inclusion, therefore, has rather become selective inclusion of children with disabilities in the mainstream, especially in private schools.^[33] These children suffer from many behavioral problems and certain comorbid conditions such as ADHD which is again not known to many. They are labeled as dull, lazy, mischievous, troublesome, and so on without knowing the actual reason behind this. Social attributes play a very important role in the overall course of illness. Acceptance from society, peers, teachers, and so on affect their successful inclusion.^[34] The label of LD carries its own burden, baggage, and complications.

OVERLAP WITH SCHOOL DROPOUT

It is difficult to treat various students who drop out from the school as a homogeneous group. Dropping out from the school can be attributed to factors such as low socioeconomic status, behavioral issues, LDs, or intellectual disability. There is a lot of overlap between these categories. There are students who are first-generation learners. According to the National Policy on Education, 1986, these students should be allowed to set their own pace of learning and should be given remedial supplementary instructions.^[35] Their slow pace of acquiring information may be due to their background which is not stimulating enough to induce learning, but these children can often be diagnosed with SLDs. This again creates confusion.

GOVERNMENT POLICIES AND APPLICABILITY

Sarva Shiksha Abhiyaan aimed at universalization of elementary education “in a time bound manner,” as mandated by the 86th Amendment to the Constitution of India, making free and compulsory education to children between the ages of 6 and 14 years a fundamental right. It was decided under this scheme that no student shall be failed and will be promoted to the next class.^[36] This is very important and necessary initiative; but because of this, LD remains undiagnosed and untreated for a longer period of time. Child’s problems aggravate because

parents do not bother until the child fails, and school authorities do not bother till the school result is affected. Since a child is promoted to next class without the need of minimum passing marks, parents and teachers become complacent and wake up only at secondary levels, and the child's problem remains unnoticed. Some parents try to get away with their child's problem by availing certificates of disability without any extra efforts which are actually required to be invested in.

Accommodations which are now being given to students with LDs in the classrooms are sometimes regarded as unfair by parents of students without SLD. It is important to make the parents aware of the fact that these concessions and accommodations are not unfair advantages to students. In fact, if appropriate and timely concessions are not used, students could be branded as having LDs, creating serious negative impact to their achievement and self-concept. The parents can be sensitized on the above issues through parent-teacher meetings and other awareness programs conducted in the school.

CONCLUSION

To understand LDs fully, it is necessary to examine the problem in black and white with all its shades of gray. These gray areas are the practical and experiential difficulties when dealing with these children in Child and Adolescent clinics. Constructing a standardized assessment battery, keeping in view of the diversity of Indian culture, is a mammoth task. Having a thorough insight into the overlapping areas can clear misconceptions and guide assessment, intervention, and welfare benefits to those children who genuinely deserve them.

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